



FOR VALIDATION ONLY

APPLICATION FOR LICENSE OR REGISTRATION AS A

(check one)

☐ **Funeral Establishment**

☐ **Branch**

Type or print clearly and include an authorized signature on page 2

**Make remittance payable to State Treasurer.
Send this application with your remittance to:
Department of Licensing
PO Box 9048
Olympia, WA 98507-9048**

Establishment/Branch Information

NAME			*SOCIAL SECURITY NO.	
STREET ADDRESS				
CITY		STATE	ZIP	COUNTY
DAYTIME TELEPHONE NO.	MAILING ADDRESS (IF DIFFERENT)			
LICENSED FUNERAL DIRECTOR NAME (LAST, FIRST, MIDDLE INITIAL)				
IF A BRANCH, NAME OF PARENT ESTABLISHMENT				
STREET ADDRESS				
CITY		STATE	ZIP	COUNTY
DAYTIME TELEPHONE NO.	MAILING ADDRESS (IF DIFFERENT)			
LICENSED FUNERAL DIRECTOR NAME (LAST, FIRST, MIDDLE INITIAL)				
CREMATORY ADDRESS (IF ONE IS OWNED OR OPERATED BY THIS ESTABLISHMENT OR LOCATED ON PROPERTY OWNED BY THIS FUNERAL ESTABLISHMENT)				
WASHINGTON CORPORATION NO. (IF APPLICABLE)			WASHINGTON REVENUE TAX NUMBER/UNIFIED BUSINESS IDENTIFIER	
TYPE OF BUSINESS (CHECK ONE)				
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <i>If you checked partnership or corporation, attach one copy of the partnership agreement or Articles of Incorporation.</i>				

**State law, RCW 26.23.150, requires you to furnish your Social Security Number when you apply for this license. If this application is for a business that is a sole proprietorship, the proprietor must furnish his/her Social Security Number. Resident aliens, without a Social Security Number, must furnish their Individual Tax Identification Number.*

**List Name(s) and Address(es) of Sole Proprietor, Partners, or Corporate Officers
in the space provided on page 2.**

FOR OFFICE USE ONLY

24003	Cert. Date
	Cert. No.

Sole Proprietor, Partner, Corporate Officer Data



NAME		TITLE (SOLE PROPRIETOR, PARTNER, CORPORATE OFFICER)	
ADDRESS	CITY	STATE	ZIP
NAME		TITLE (PARTNER, CORPORATE OFFICER)	
ADDRESS	CITY	STATE	ZIP
NAME		TITLE (PARTNER, CORPORATE OFFICER)	
ADDRESS	CITY	STATE	ZIP
NAME		TITLE (PARTNER, CORPORATE OFFICER)	
ADDRESS	CITY	STATE	ZIP
NAME		TITLE (PARTNER, CORPORATE OFFICER)	
ADDRESS	CITY	STATE	ZIP
NAME		TITLE (PARTNER, CORPORATE OFFICER)	
ADDRESS	CITY	STATE	ZIP

Attach an additional page if needed

Has the owner, any partner or any officer of the corporation ever been convicted of a crime other than a minor traffic violation?

☐ YES ☐ NO

If yes, explain on a separate sheet the nature of the offense(s), name and location of the court and the date of conviction. Include a copy of the charges and final disposition.

Certification

I, _____, am the owner, partner,
First Name Middle Initial Last Name
or corporate officer of the establishment whose name appears on this application. I hereby acknowledge that I am responsible for all acts in connection with the operation of said establishment and that all the above statements are true and correct to the best of my knowledge and belief.

Signature of owner, partner, or corporate officer **X** _____

Date _____

If application information is incomplete, the application will not be processed.

Upon filing, this application becomes a public record and is subject to public disclosure provisions pursuant to RCW 42.17

FUNERAL ESTABLISHMENT & BRANCH FUNERAL ESTABLISHMENT APPLICATION INSTRUCTIONS

Whenever there is a change of ownership or the ownership structure, a new application must be submitted with the appropriate fee as follows:

Establishment	\$300.00
Branch Establishment	\$250.00
Establishment Name Change Only	NO FEE
Change of Designated Funeral Director	NO FEE

Please complete all information on the application form, including ownership information, certification, and signature. If the establishment is owned by a corporation, submit a copy of the articles of incorporation along with the application.

A branch funeral establishment **must operate under the same name** as the main establishment. Please see WAC 308-48-210 for pertinent information. Complete all information for the main establishment as well as the branch establishment.

NOTE: Licenses for establishments and branches expire annually on January 31. New licenses issued between November 1 and January 31 will expire on January 31 of the following year.

MAIL APPLICATION TO:

If sending payment:

Department of Licensing
Funeral and Cemetery Unit
P.O. Box **9048**
Olympia, WA 98507-**9048**

If NOT sending payment:

Department of Licensing
Funeral and Cemetery Unit
P.O. Box **9012**
Olympia, WA 98507-**9012**

Telephone: (360) 664-1555
FAX: (360) 586-4414

E-mail: Funerals@dol.wa.gov
Web site: dol.wa.gov